Notice of Section 527 Status OMB No. 1545-1693 Part I General Information Name of organization FRIENDS of David R. TOWNSEND Mailing address (P.O. Box or number, street, and room or suite number)
P.O. Box 651 City or town, state, and ZIP code
ORISKANY 13424 E-mail address of organization waw. DAVE TOWNSEND. NET 4a Name of custodian of records SALVATORE P. DEMARIO 5a Name of contact person RONALD CONOTER ORISKANY, N.4. Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Part II Purpose ORGANIZATION List of All Related Entities (see instructions) Bc Address 8b Relationship 8a Name of related entity



For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

Form 8871 (7-2000)

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Under penalties of p	perfury, I declare that the organizat	non named in Part I is to be vested notuding accompanying schedules	d as an organization described in and statements, and to the best of	my knowledge and
Revenue Code, and it is true, corect, and	IDZI - FIZYO-BIZZI III IBU U II IS TOUCO.			
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			8/17/00 Date	7
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